

711000106462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

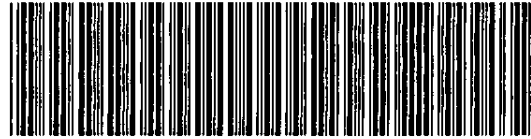
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700214622087

12/05/11--01019--022 \*\*78.75

FILED  
2011 DEC 15 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers DEC 16 2011  
W 11-61065  
64  
619

**COVER LETTER**

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT: Royal Foam Enterprises, Inc**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

**FROM: VALENTYN KULBAKA**

Name (Printed or typed)

**1333 HAINES ST**

Address

**JACKSONVILLE, FL 32206**

City, State & Zip

**904-345-5400**

Daytime Telephone number

**VALENTYN69@GMAIL.COM**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**FILED**  
2011 DEC 15 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

Royal Foam Enterprises, Inc  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1333 HAINES ST  
JACKSONVILLE, FL 32206

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: ONE THOUSAND (1000) SHARES AT NO PAR VALUE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: VALENTYN KULBAKA, P	Name and Title: _____
Address: 9745 TOUCHTON RD 3102	Address: _____
JACKSONVILLE, FL 32206	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

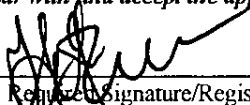
Name: VALENTYN KULBAKA  
Address: 9745 TOUCHTON RD 3102  
JACKSONVILLE, FL 32206

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

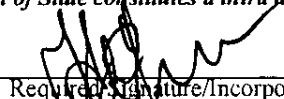
Name: VALENTYN KULBAKA  
Address: 9745 TOUCHTON RD 3102  
JACKSONVILLE, FL 32206

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Required Signature/Registered Agent

11/28/11  
\_\_\_\_\_  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Required Signature/Incorporator

11/28/11  
\_\_\_\_\_  
Date

FILED  
2011 DEC 15 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA